

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

11

20

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		365524.77
(b) Cash on Hand at Beginning of Reporting Period	391253.52	
(c) Total Receipts (from Line 19)	29077.13	661445.56
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	420330.65	1026970.33
7. Total Disbursements (from Line 31)	54580.21	661219.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	365750.44	365750.44
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26601.26	564088.05
(i) Itemized (use Schedule A)		
(ii) Unitemized	1400.00	86711.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	28001.26	650799.93
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	28001.26	650799.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1075.87	10645.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29077.13	661445.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29077.13	661445.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		54000.00	645000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		580.21	12291.89
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		54580.21	661219.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		54580.21	661219.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28001.26	650799.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28001.26	650799.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Karl Stien Mailing Address 3818 Timber Creek Ct City State Zip Code Eau Claire WI 54701-5634 FEC ID number of contributing federal political committee. C Name of Employer Medical X-Ray Consultants Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7 Transaction ID: 21778007 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Paul Barry Mailing Address Greensboro Radiology PA 1317 N Elm St Ste 1B City State Zip Code Greensboro NC 27415-1023 FEC ID number of contributing federal political committee. C Name of Employer Greensboro Radiology Assoc PA Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7 Transaction ID: 21778008 Amount of Each Receipt this Period 360.00
C. Full Name (Last, First, Middle Initial) Dr. Betsy Jacobs Mailing Address 29-16 Astoria Blvd City State Zip Code Astoria NY 11102-1742 FEC ID number of contributing federal political committee. C Name of Employer Advanced Radiological Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7 Transaction ID: 21812634 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 69

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Alan Kopp
Mailing Address 1675 York Ave Apt 15B

City State Zip Code
New York NY 10128-6755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: 21812636

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jay Tartell
Mailing Address 89-40 56th Ave

City State Zip Code
Elmhurst NY 11373-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: 21812638

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Marjorie Stein
Mailing Address 66 Karol Pl

City State Zip Code
Jericho NY 11753-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: 21812639

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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PAGE 8 / 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Peter Kratka

Mailing Address 53 Tranquility Rd

City State Zip Code
 Suffern NY 10901-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: 21813670

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Choi

Mailing Address 135 Willow St Apt 903

City State Zip Code
 Brooklyn NY 11201-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: 21813672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Rhee

Mailing Address 229 Chrystie St Apt 1001

City State Zip Code
 New York NY 10002-1176

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: 21813673

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Daniel Schwartzberg
Mailing Address 1250 McLynn Ave NE

City State Zip Code
Atlanta GA 30306-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Baptist Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: 21813675

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Sachenik
Mailing Address 1 Vireo Dr

City State Zip Code
Wyomissing PA 19610-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
sociates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 21940568

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert Shepherd
Mailing Address Greensboro Radiology
1317 N Elm St Ste 1B

City State Zip Code
Greensboro NC 27415-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensboro Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: 21940570

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1155.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Antoinette LaValley

Mailing Address 2920 Tracewood Drive

City State Zip Code
Toledo OH 43617-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consulting Radiology Corp.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: 21940573

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Dr. Yash Sethi

Mailing Address 506 Amazon Dr

City State Zip Code
Columbia MO 65202-3779

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne State UniversityOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: 21940574

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr. Craig Youner

Mailing Address 144 Woodhill Ln

City State Zip Code
Manhasset NY 11030-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological ImagingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: 21940579

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 69

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Lloyd Logue

Mailing Address 527 N Palo Alto Ave

City State Zip Code
Panama City FL 32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941146

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregory Presser

Mailing Address Bay Radiology Assoc
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941147

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941148

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. James Strohmenger

Mailing Address Bay Radiology Associates
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941149

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Carl Bailey, JR

Mailing Address Bay Radiology Associates
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941150

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Carl Bailey, JR

Mailing Address Bay Radiology Associates
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941162

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Lloyd Logue

Mailing Address 527 N Palo Alto Ave

City State Zip Code
Panama City FL 32401-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941163

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregory Presser

Mailing Address Bay Radiology Assoc
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941165

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott Ramey

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates,
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941166

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. James Strohmenger

Mailing Address Bay Radiology Associates
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941173

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Merritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941174

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Merritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941175

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rriitt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941176

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr. James Jelinek

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City

Washington

State

DC

Zip Code

20010-2975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941177

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr. William Jones

Mailing Address 9477 E Shangri LA Rd

City

Scottsdale

State

AZ

Zip Code

85260-6143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941190

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Maki

Mailing Address 19621 N 96th Pl

City State Zip Code
 Scottsdale AZ 85255-6668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941191

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Keiper

Mailing Address Scottsdale Medical Imaging
 3501 N Scottsdale Rd Ste 130

City State Zip Code
 Scottsdale AZ 85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Diagnostic Imag-
ing

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941192

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Dr. Terry Reeves

Mailing Address 10537 E Sunnyside Dr

City State Zip Code
 Scottsdale AZ 85259-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941193

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Mark Kuo Mailing Address 13026 E Turquoise Ave City State Zip Code Scottsdale AZ 85259-5341 FEC ID number of contributing federal political committee. C Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7 Transaction ID: 21941194 Amount of Each Receipt this Period 150.00
B. Full Name (Last, First, Middle Initial) Dr. William Horsley Mailing Address Scottsdale Medical Imaging Ltd 3501 N Scottsdale Rd Ste 130 City State Zip Code Scottsdale AZ 85251-5649 FEC ID number of contributing federal political committee. C Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7 Transaction ID: 21941197 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Dr. Rodney Owen Mailing Address 9122 N 60th St City State Zip Code Paradise Valley AZ 85253-1735 FEC ID number of contributing federal political committee. C Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7 Transaction ID: 21941198 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 69

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941199

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. George Bolton

Mailing Address 133 Yankton St

City State Zip Code
Folsom CA 95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941201

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941284

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 19 / 69

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Nicole Carbo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 21941285	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sa- cramento		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	
B. Full Name (Last, First, Middle Initial) Dr. Christopher Chong		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 27075 E El Macero		Transaction ID: 21941286	
City State Zip Code El Macero CA 95618-1006		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sa- cramento		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	
C. Full Name (Last, First, Middle Initial) Dr. Huu-Ninh Dao		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 2627 Rockwell Dr		Transaction ID: 21941287	
City State Zip Code Davis CA 95618-7664		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Associates of Sacramento		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. John De la Vega

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941288

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Roland DeMarco

Mailing Address 5174 Prior Rdg

City State Zip Code
Granite Bay CA 95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941292

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott Foster

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941293

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Hani Greiss Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy City Sacramento State CA Zip Code 95815-4227 FEC ID number of contributing federal political committee. C Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1200.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7 Transaction ID: 21941294 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Patrick Harty Mailing Address 5249 Wyndham Oak Ln City Carmichael State CA Zip Code 95608-3472 FEC ID number of contributing federal political committee. C Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7 Transaction ID: 21941295 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Jeffrey Kuo Mailing Address 2619 Mariella Dr City Rocklin State CA Zip Code 95765-5618 FEC ID number of contributing federal political committee. C Name of Employer Radiological Assoc. of Sacramento Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7 Transaction ID: 21941296 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		750.00
TOTAL This Period (last page this line number only) ▶		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Don Charles Loomer

Mailing Address 1747 E Wallington Ln

City State Zip Code
Fresno CA 93730-3596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21941432

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Vartan Malian

Mailing Address 100 Crane Meadow Ct

City State Zip Code
Roseville CA 95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21941433

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl

City State Zip Code
Davis CA 95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21941434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City State Zip Code
 Loomis CA 95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Miyuki Murphy

Mailing Address 5198 Prior Rdg

City State Zip Code
 Granite Bay CA 95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941439

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr. Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
 Carmichael CA 95608-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941441

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941442

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
 Davis CA 95616-7219

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
 Carmichael CA 95608-4522

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiological Assoc. of Sa-
 cramento

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941444

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941448

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Bahram Varjavand

Mailing Address 1355 35th St

City State Zip Code
Sacramento CA 95816-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941449

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Calvin Wang		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 21941450	
City Sacramento	State CA	Zip Code 95815-4227	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Radiological Assoc. of Sa- cramento	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		
B. Full Name (Last, First, Middle Initial) Dr. David Winfield		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 21941453	
City Sacramento	State CA	Zip Code 95815-4227	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Radiological Assoc. of Sa- cramento	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		
C. Full Name (Last, First, Middle Initial) Dr. Dylan Witt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 3636 Washoe St		Transaction ID: 21941454	
City Davis	State CA	Zip Code 95616-5087	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Radiological Assoc. of Sa- cramento	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Frederic Conte

Mailing Address 918 Colby Dr

City State Zip Code
 Davis CA 95616-1758

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941455

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Haseman

Mailing Address 4713 Firebird Lane

City State Zip Code
 Sacramento CA 95841-4550

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941456

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941457

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941459

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21941461

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Susan Lee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 21941462	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sa- cramento		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2400.00	
B. Full Name (Last, First, Middle Initial) Dr. Mark Logsdon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Rad Associates of Sacramento 1500 Expo Pkwy		Transaction ID: 21941463	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sa- cramento		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	
C. Full Name (Last, First, Middle Initial) Dr. Seth Rosenthal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Rad Assoc of Sacramento 2800 L ST STE 10		Transaction ID: 21941551	
City State Zip Code Sacramento CA 95816-5616		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sa- cramento		Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. John Cassese

Mailing Address 200 Boulder Way

City	State	Zip Code
East Greenwich	RI	02818-5101

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rhode Island Medical Imag-
ingOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942508

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr. James Courtney

Mailing Address 27 Hillwood Rd

City	State	Zip Code
Mobile	AL	36608-2311

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Associates of
MobileOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942509

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Dr. Carl D'OrsiMailing Address Emory University Hospital
1701 Uppergate Dr 1st Fl C1104

City	State	Zip Code
Atlanta	GA	30322-0001

FEC ID number of contributing
federal political committee.**C**Name of Employer
Emory University HospitalOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942510

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

257.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Jess Powell, III

Mailing Address 1304 Vista Dr

City State Zip Code
 Shelby NC 28150-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Radiological Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942511

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr. Judy Greene

Mailing Address 7104 Hunters Crk

City State Zip Code
 Dayton OH 45459-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Network Radiolo-
gists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942512

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Dr. Michael DeVenny

Mailing Address 3090 Yorktown Dr

City State Zip Code
 Tuscaloosa AL 35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942515

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Bill Warren

Mailing Address UWMC
Box 357115

City State Zip Code
Seattle WA 98195-7115

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942516

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Susan John

Mailing Address Univ of TX Med School
6431 Fannin St

City State Zip Code
Houston TX 77030-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of TX Med. School

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942520

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)

Dr. Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City State Zip Code
Greenville SC 29607-3649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology, PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942536

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Bradford Richmond		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Cleveland Clinic Foundation 9500 Euclid Ave		Transaction ID: 21942537	
City Cleveland State OH Zip Code 44195-5021		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic Foundati-on Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	
B. Full Name (Last, First, Middle Initial) Dr. Murray Becker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 56 Independence Dr		Transaction ID: 21942538	
City East Brunswick State NJ Zip Code 08816-3286		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University Radiology Group Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) Dr. Andrew Beloni		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 5624 Laurium Rd		Transaction ID: 21942539	
City Charlotte State NC Zip Code 28226-5610		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. David Buck

Mailing Address 144 Penhurst Dr

City	State	Zip Code
Pittsburgh	PA	15235-5320

FEC ID number of contributing
federal political committee.**C**Name of Employer
Greensburg X-Ray Associat-
esOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942541

Amount of Each Receipt this Period

30.42

B. Full Name (Last, First, Middle Initial)
Dr. Gary GeilMailing Address Heritage Medical Bldg
1100 N Tustin Ave

City	State	Zip Code
Santa Ana	CA	92705-3509

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-employedOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942543

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Agatston

Mailing Address 3206 Saint Johns Dr

City	State	Zip Code
Dallas	TX	75205-2919

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-employedOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942544

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

120.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic
1900 South Ave

City State Zip Code
La Crosse WI 54601-5494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942545

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942546

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code
Greenville NC 27834-7187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942547

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

181.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Daniel Cohen
Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942550

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Tripp
Mailing Address 751 Lexington Dr

City State Zip Code
Greenville NC 27834-0508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942551

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Dr. Kent Lancaster
Mailing Address Radiology Associates of Berrien
416 State St Ste A

City State Zip Code
Saint Joseph MI 49085-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942552

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Eric M. Martin
Mailing Address 1818 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942553

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
Dr. Roger Vithalani
Mailing Address 516 Chesapeake Place

City State Zip Code
Greenville NC 27858-0678

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942554

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Mewborne
Mailing Address 1702 S Thames Ct

City State Zip Code
Greenville NC 27858-8130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942555

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Randall Stickney

Mailing Address 10620 S 77th East Ave

City State Zip Code
Tulsa OK 74133-6837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma State Rad Society

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942557

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr. James Eisenberg

Mailing Address The Defiance Clinic
1400 E 2nd St

City State Zip Code
Defiance OH 43512-2494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Defiance Clinic

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942558

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging Institute

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942559

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

208.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Dr. Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code
 Bellaire TX 77401-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942560

Amount of Each Receipt this Period

41.67

B. Full Name (Last, First, Middle Initial)

Dr. Joseph Lurito

Mailing Address Eastern Radiologists
9 Doctors Park

City State Zip Code
 Greenville NC 27834-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942561

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code
 Chestnut Hill MA 02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.02

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942562

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

133.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City	State	Zip Code
Birmingham	AL	35242-7402

FEC ID number of contributing
federal political committee.**C**Name of Employer
Birmingham Radiological
Group P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942563

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr. Glenn Hananouchi

Mailing Address 1545 E La Quinta Dr

City	State	Zip Code
Fresno	CA	93730-4525

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sierra Imaging AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942566

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Leibel

Mailing Address 19 Woodleaf Ave

City	State	Zip Code
Redwood City	CA	94061-1823

FEC ID number of contributing
federal political committee.**C**Name of Employer
Stanford UniversityOccupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	7

Transaction ID: 21942567

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

143.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Kevin O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address St Johns Macomb Hospital 11800 E 12 Mile Rd		Transaction ID: 21942568	
City Warren State MI Zip Code 48093-3494		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Diagnostic Radiology Consultants, PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 400.00	
B. Full Name (Last, First, Middle Initial) Dr. Rita Freimanis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address Wake Forest Univ Sch of Medicine Medical Center Blvd		Transaction ID: 21942569	
City Winston Salem State NC Zip Code 27157-1088		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Forest Univ Sch of Medicine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Michael Lavelle		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 12103 Woodcliff Ln		Transaction ID: 21942570	
City Charlotte State NC Zip Code 28277-3033		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Charlotte Radiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 Dr. Robert Mittl, JR
 Mailing Address 4733 Coburn Court

City State Zip Code
 Charlotte NC 28277-2593

FEC ID number of contributing federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942571

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)
 Dr. Leonard Zawodniak
 Mailing Address 1439 Garrett Dr

City State Zip Code
 Wall Township NJ 07719-9648

FEC ID number of contributing federal political committee.

C

Name of Employer
Jersey Shore Radiology AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942572

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
 Dr. Joel Swartz
 Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 21942573

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Stacey Patterson

Mailing Address 5395 Kings Hwy

City State Zip Code
 Brooklyn NY 11203-6738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Radiological Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 21946489

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason Stoane

Mailing Address 2369 N Shore Rd

City State Zip Code
 Bellingham WA 98226-7851

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Hospital

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 0 7

Transaction ID: 21948650

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Sheldon Kop

Mailing Address 2874 N Carson St Ste 300

City State Zip Code
 Carson City NV 89706-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tahoe Carson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 7

Transaction ID: 22061534

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 69

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Keith Shonnard

Mailing Address Tahoe Carson Radiology
PO Box 2830

City State Zip Code
Carson City NV 89702-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tahoe-Carson Radiology LTD

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 22061535

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
Dr. David Landis

Mailing Address Tahoe-Carson Radiology
PO Box 2830

City State Zip Code
Carson City NV 89702-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tahoe Carson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 22061536

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Loos

Mailing Address 2291 Oak Ridge Dr

City State Zip Code
Carson City NV 89703-7371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tahoe Carson Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 22061537

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. William Herrington

Mailing Address 1110 Laurel Pl

City State Zip Code
 Athens GA 30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 22061837

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy Crummy

Mailing Address 2517 Middleton Beach Rd

City State Zip Code
 Middleton WI 53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 22061838

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Robinson

Mailing Address Radia
 728 134th St SW Ste 120

City State Zip Code
 Everett WA 98204-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Puget Sound Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 22061839

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

841.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. William Powlis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address Crozer Chester Medical Center 1 Medical Center Blvd		Transaction ID: 22061840
City Upland State PA Zip Code 19013-3995	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Southeast Radiology Ltd.	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. Marcela Bohm-Velez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		Transaction ID: 22081505
City Pittsburgh State PA Zip Code 15206-3780	Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		
Name of Employer Weinstein Imaging Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	

C. Full Name (Last, First, Middle Initial) Dr. Raja Cheruvu		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 165 Via Foresta Ln		Transaction ID: 22081506
City Williamsville State NY Zip Code 14221-1984	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

466.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 Dr. Rife Huckabee
 Mailing Address 3720 Rabbit Creek Ct

City State Zip Code
 Theodore AL 36582-2505

FEC ID number of contributing federal political committee.

C

Name of Employer
Radiology Associates of
MobileOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081507

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
 Dr. Michael Brannon
 Mailing Address 7 Foxglove Ct

City State Zip Code
 Greenville SC 29615-5505

FEC ID number of contributing federal political committee.

C

Name of Employer
Greenville RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081508

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
 Dr. Elizabeth D'Angelo
 Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing federal political committee.

C

Name of Employer
Coastal RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081509

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

167.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Bruce Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code
 Greenville NC 27834-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081510

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr. Kerry Chandler

Mailing Address 4100 Mullcroft Pl

City State Zip Code
 Fuquay Varina NC 27526-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081511

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. James Hiken

Mailing Address 7109 Cove Pointe Pl

City State Zip Code
 Prospect KY 40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081512

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081513

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr. Stuart Moses

Mailing Address 14 Timber Dr

City State Zip Code
North Caldwell NJ 07006-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081514

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr. Gustavo Villarreal, JR

Mailing Address 261 Stone Creek Cir

City State Zip Code
Mc Gregor TX 76657-3943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waco Radiological Clinic
PA

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081516

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

110.42

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code
Lenoir NC 28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 22081518

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
Monroe NC 28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 22081519

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard Redvanly

Mailing Address 4315 Gosford PI

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 22081520

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City State Zip Code
 Charlotte NC 28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081523

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Dr. Amy Sobel

Mailing Address 11104 Creek Point Dr

City State Zip Code
 Matthews NC 28105-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081524

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
 3704 North Blvd Ste A

City State Zip Code
 Alexandria LA 71301-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081525

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

148.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Varian C. Scott, III Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400 City Birmingham State AL Zip Code 35216-2152 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Transaction ID: 22081526 Amount of Each Receipt this Period 50.00
Name of Employer Radiology Assoc of Birmingham Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. Jeffrey Magnuson Mailing Address 3493 Siems Ct City Arden Hills State MN Zip Code 55112-3639 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Transaction ID: 22081527 Amount of Each Receipt this Period 25.00
Name of Employer St. Paul Radiology, P.A. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Dr. Joel Wissing Mailing Address Charlotte Radiology PO Box 36937 City Charlotte State NC Zip Code 28236-6937 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Transaction ID: 22081531 Amount of Each Receipt this Period 40.00
Name of Employer Charlotte Radiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) Dr. Gerald Dodd, III Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr City San Antonio State TX Zip Code 78229-3901 FEC ID number of contributing federal political committee. C Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.40		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Transaction ID: 22081533 Amount of Each Receipt this Period 83.34
B. Full Name (Last, First, Middle Initial) Dr. Mark Alson Mailing Address 6641 N Forkner Ave City Fresno State CA Zip Code 93711-1326 FEC ID number of contributing federal political committee. C Name of Employer Sierra Imaging Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Transaction ID: 22081534 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Dr. William Way, JR Mailing Address 7713 Oakmont PI City Raleigh State NC Zip Code 27615-5492 FEC ID number of contributing federal political committee. C Name of Employer Wake Radiology Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 Transaction ID: 22081535 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional)

173.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Daniel SchwarzMailing Address Charlotte Radiology
PO Box 36937

City	State	Zip Code
Charlotte	NC	28236-6937

FEC ID number of contributing
federal political committee.**C**Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 22081541

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr. Dale Shaw

Mailing Address 3601 Sharon Rd

City	State	Zip Code
Charlotte	NC	28211-3325

FEC ID number of contributing
federal political committee.**C**Name of Employer
Charlotte RadiologyOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 22081543

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr. Jugesh Cheema

Mailing Address 4333 Bell Rd Unit 1514

City	State	Zip Code
Newburgh	IN	47630-8168

FEC ID number of contributing
federal political committee.**C**Name of Employer
Medical Center of DelawareOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Transaction ID: 22081544

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

124.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. Susan Mulligan
Mailing Address 1088 Lullwater Rd NE

City State Zip Code
Atlanta GA 30307-1244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081547

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr. Ira Adler
Mailing Address 1811 Bloomsbury Rd

City State Zip Code
Greenville NC 27858-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081548

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
Dr. Arthur Sandy
Mailing Address 2821 Argyle Rd

City State Zip Code
Birmingham AL 35213-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Imaging Assoc of
AL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081549

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Dr. Roger Thomas

Mailing Address 1636 Anita Ln

City State Zip Code
Newport Beach CA 92660-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newport Harbor Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081550

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr. Kay Lozano

Mailing Address 8100 E Union Ave Apt 2104

City State Zip Code
Denver CO 80237-2979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Imaging Associa-
tion

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081551

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

C. Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City State Zip Code
Greer SC 29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081555

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

129.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
Dr. William Ketcham, II

Mailing Address 8824 Wildflower Dr

City State Zip Code
Cheyenne WY 82009-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22081556

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

26601.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 69

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10645.63

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 22290122

Amount of Each Receipt this Period

1075.87

Interest

SUBTOTAL of Receipts This Page (optional)

1075.87

TOTAL This Period (last page this line number only)

1075.87

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 69

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Mccrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jim McCrery

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 21767560

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City Plano State TX Zip Code 75074

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Samuel Robert Johnson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 3

Transaction ID: 21767433

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Lee Terry

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 2

Transaction ID: 21767048

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 / 69

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Lois Capps

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: 21767568

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Patrick J Kennedy Inc

Mailing Address P.O. Box 321

City
Pawtucket

State
RI

Zip Code
02862

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Patrick J. Kennedy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 1

Transaction ID: 21767738

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cardoza for Congress

Mailing Address 555 Capitol Mall Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement

011

Category/
Type

Candidate Name
Dennis Cardoza

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: 21767534

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 69

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. John Kerry For Senate

Mailing Address 10 G Street Ne
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. John Kerry

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 21767448

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Anna G. Eshoo

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 21767671

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hayes For Congress

Mailing Address Post Office Box 2000

City Concord State NC Zip Code 28026

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Robin C. Hayes

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 8

Transaction ID: 21744664

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles W. Boustany, Jr.

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: LA District: 7

Transaction ID: 21767043

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Charles E. Grassley

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

State: IA District: 1

Transaction ID: 21649056

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Mchenry For Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28601

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Patrick McHenry

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NC District: 10

Transaction ID: 21767045

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011
Category/
Type

Candidate Name

Rep. Michael C. Burgess, M.D.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 26

Transaction ID: 21899296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address 610 S Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement

011
Category/
Type

Candidate Name

Mr. Gus Bilirakis

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 9

Transaction ID: 21899175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement

011
Category/
Type

Candidate Name

Rep. Thomas M. Reynolds

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 26

Transaction ID: 21920087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Tuesday Group PAC

Mailing Address PO BOX 40385

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21922550

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. AmeriPAC

Mailing Address 499 South Capitol St., S.W.
Suite 414

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21915023

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dnc Services Corporation/Democratic National Commi

Mailing Address 430 South Capitol Street Southeas

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21940480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

19000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Bart Gordon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 6

Transaction ID: 21920631

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends For Harry Reid

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Harry Reid

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 1

Transaction ID: 21899197

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 21920889

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Majority Initiative To Keep Electing Republicans F

Mailing Address PO Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21920659

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Big Tent Pac;The

Mailing Address 601 13th Street NW Suite 1100 No.

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21920658

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens For Arlen Specter

Mailing Address 255 South 17th Street Suite 603

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement

Candidate Name
Sen. Arlen Specter

Office Sought: ☐ House
☒ Senate
☐ President

State: PA District: 1

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21920651

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 69

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Kendrick Meek Campaign For Congress

Mailing Address 111 Nw 183rd Street
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Kendrick Meek

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 17

Transaction ID: 21922178

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contributions to Federal Candidates (201)

011
Category/
Type

Candidate Name
Sen. Tom Harkin

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼
2004 US Primary ELeC

State: IA District: 2

Transaction ID: 21994124

Date of Disbursement

03 / 31 / 2004

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Contributions to Federal
Candidates (201) Funds Re-
ported On April 20, 2004
FEC Report

Full Name (Last, First, Middle Initial)

C. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contributions to Federal Candidates (201)

011
Category/
Type

Candidate Name
Sen. Tom Harkin

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 2

Transaction ID: 21994125

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Contributions to Federal
Candidates (201) Re-desig-
nated funds for trans. da-
ted 3/31/2004

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 69

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Mike Ferguson

Mailing Address C/O Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Mike Ferguson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 7

Transaction ID: 21942231

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address PO BOX 40385

City Washington State DC Zip Code 20016

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21778826

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

54000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 69

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 22288185

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

580.21

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

580.21

TOTAL This Period (last page this line number only)

580.21